

Action Notice of Termination

447-54T (Rev.12/2003)

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____

Federal Employer Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby terminates the appointment of the licensee(s) named herein.

*Appoint Type: FX: Fire and Casualty LX: Life LI: Life - Limited to pre-need PL: Personal Lines
 TA: Travel DO: Disability Only PF: Part Time Fraternal MC: Motor Club HP: Home Protection

NOTE: Only one appointment type per line.

	Appoin t Type *	Social Security/ FEIN	License #	Name: As shown on license	Effective date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

If you are terminating an appointment because you have reason to believe the agent may have violated the California Insurance Code, please attach signed statement.

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

 Name Official Title Date
 Phone Number () _____

Filing fees: Submit \$24 per termination type.

Enter number
of terminations

X \$24 =

Mail Action Notice of Termination and fee to:

California Department of Insurance
 P.O. Box 928
 Sacramento, CA 95812-0928

Receipt Code: 8160